

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 0983053	FILING DATE 02/15/19		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	/						51	/		
2	/						52	/		
3	/						53	/		
4	/						54	/		
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44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
TOTAL IND.	2						TOTAL IND.	2		
TOTAL DEP.	48						TOTAL DEP.	11		
TOTAL CLAIMS	50						TOTAL CLAIMS	13		